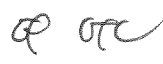


**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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A Public Document

1. Agency Name City of San Jose		Date Stamp 2016 JUN -2 PM 4: 30 	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office			
Designated Agency Contact (Name, Title) Norberto Duenas, City Manager			
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.gov	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 89.50

Event Description: Selena Gomez Concert Date(s) 5 / 11 / 16
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)


3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Office of the City Manager - Welcome San Jose Immigrant Integration Team	16	Employee Recognition
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


NORBERTO DUENAS
CITY MANAGER
6/1/16
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____